## PART B - FEE(S) TRANSMITTAL

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APPLICATION NO.	FILING DATE	FILING DATE		FIRST NAMED INVENT	FOR		RNEY DOCKET NO.	CONFIRMATION NO.			
10/598,777 09/11/2006 TITLE OF INVENTION: TETRAHYDROPYRIDOINDOLE DERIVATI				Anja Fecher		66535,000013 1177					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DI	UE	PUBLICATION FEE DI		PREV. PAID ISSUE	E FEE TOTAL FEE(S) DUE		DATE DUE		
nonprovisional	NO	NO \$1510		\$300		02		01812	O	3/16/2010	
EXAMINER		ART UNIT		CLASS-SUBCLASS							
DESAI, RITA J 1625				546-080000							
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Free Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the same of a single firm (having as a member a registered attorneys or agent) and the cannot of up to 2 registered attorneys or agents. If no name is listed, no name will be printed.							
3. ASSIGNEE NAME AT	ND RESIDENCE DATA	TO BE PRINTE	D ON 1	THE PATENT (print or	typ	¢)					
PLEASE NOTE: Unit recordation as act forth	pes an assignee is identi 1 in 37 CFR 3.11. Comp						e is ide	entified below, the de	cument h	s been filed for	
(A) NAME OF ASSIG	(B) RESIDENCE: (CITY and STATE OR COUNTRY)										
Actelion Pha	Allschwil, Switzerland										
Please check the appropri	ate assignee category or	çategorics (will no	t be pri	inted on the patent) :		Individus) 🖾 Co	rporatio	on or other private grou	p entity	Government	
44. The following fee(s) are submitted:  Let I I I I I I I I I I I I I I I I I I I				b. Payment of Foo(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required (so(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0206 (enclose an extra copy of this form).							
5. Change in Entity State	us (from status indicated SMALL ENTITY statu	above)									
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